Division of Program Compliance - Audits Branch 1600 9th Street, Sacramento, CA 95814 (916) 651-3902, FAX (916) 651-3930

September 8, 2009

Mary Anne Ford Sherman, Director Kings County Behavioral Health Administration 450 Kings County Drive, Suite 104 Hanford, CA 93230

Dear Ms. Sherman:

AUDIT REPORT – KINGS VIEW COUNSELING SERVICES IN KINGS COUNTY

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Kings View Counseling Services in Kings County for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs

Fodoval Chara of	<u>Settled</u>	<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$ 2,419,638	\$ 2,320,404	\$ (99,234)
Federal Share of Healthy Families/Medi-Cal	\$ 95,549	\$ 96,151	\$ 602

Mary Anne Ford Sherman, Director September 8, 2009 Page Two

If you disagree with any of the results of this audit, you may request an informal appeal conference. This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

WALTER J. HILL, JR., MBA, EA

Chief of Audits

Enclosures

Certified Mail

KINGS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS FISCAL YEAR ENDED JUNE 30, 2005

LEGAL ENTITY NAME: KINGS VIEW CORPORATE SERVICES LEGAL ENTITY NUMBER: 00233

					Audit	
		_	As Settled	_A	djustments	As Audited
NET REIMBURSABLE MEDI-CAL PROGRAM COSTS						
MEDI-CAL - FFP HEALTHY FAMILIES - FFP	(Sch. 2a) (Sch. 2a)	\$	2,419,638 95,549	\$	(99,234) \$ 602	2,320,404 96,151
TOTAL FFP	(Scii Za)	s _	2,515,187	s	(98,632) \$	2,416,555

KINGS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

LEGAL ENTITY NAME: KINGS VIEW CORPORATE SERVICES

LEGAL ENTITY NUMBER: 00233

						Audit		
				As Settled		Adjustments		As Audited
Tot	al Medi-Cal Gross Reimbursement		_		_		_	
1.	Inpatient SD/MC and Crossover	(MIH 1968, Ln 11, 11A)	\$	0	\$	0	\$	0
2.	Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)		4,481,809		(82,642)		4,399,167
3.	Enhanced SD/MC (Children) - 1/P	(MH1968, Ln 16, 16A)		0		0		0
4.	Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)		6,874		(1,033)		5,841
5.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)		0		0		0
6.	Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)		0		0		0
7.	Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)		0		0		0
8.	Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)		146,998		(1,574)	_	145,424
9.	Total		\$_	4,635,681	\$	(85,249)	\$_	4,550,432
Les	s: Patient & Other Payor Revenues							
10.	Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$	0	\$	0	\$	0
11.	Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)		0		0		0
12.	Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)		0		0		0
13.	·	(MH 1968, Ln 29)		0		0		0
14.	Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)		0		0		0
15.	, 5,	(MH1968, Ln 30)		0		0		0
16.	Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)		0		0		0
17.	Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)		0		0		0
18.	Total		\$_	0	\$_	0	\$ _	0
Med	Ji-Cal Net Reimbursement for Direct Services							
	Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$	0	\$	0	\$	0
20.	Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)		4,488,683		(83,675)		4,405,008
21.	Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)		0		0		0
22.	Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)		0		0		0
23.	Healthy Families-I/P	(Ln 7 - Ln 16)		0		0		0
24.	Healthy Families-O/P	(Ln 8 - Ln 17)		146,998		(1,574)		145,424
2 5 .	Total		\$	4,635,681	\$_	(85,249)	\$ <u>_</u>	4,550,432
Med	li-Cal MAA Reimbursement							
	Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$	0	\$	0	\$	0
	Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)		0		0		0
	Service Functions 21-19	(MH1979, Ln 13, Col. A)		0		0		0
	Total	, , , , , , , , , , , , , , , , , , , ,	\$	0	\$	0	s _	0
			_		-		_	

KINGS COUNTY COMMUNITY MENTAL HEALTH SERVICES SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE FISCAL YEAR ENDED JUNE 30, 2005

LEGAL ENTITY NAME: KINGS VIEW CORPORATE SERVICES LEGAL ENTITY NUMBER: 00233

					Audit		
		-	As Settled		Adjustments		As Audited
Amount Negotiated Rates Exceed Cost	(141110/01 20 204)	•		•	A #		0
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$	0	\$	0 \$	•	0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)		0		0		0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)		0		0		0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)		0		0		0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)		0		0		0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	_				_	
36. Total		\$ =		. \$		==	
Medi-Cal Administrative Reimbursement							
37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$	673,302	\$	(12,551) \$		660,751
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$	115,166	-	(39,423) \$	_	75,743
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	\$	115,166	-	(39,423) \$	_	75,743
		-		•			
Healthy Families Administrative Reimbursement							
40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$_	14,700		(158) \$	_	<u>1</u> 4,542
41. Healthy Families Administration	(MH1979, Ln 9)	\$_		. \$	2,500 \$		2,500
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	\$ <u>_</u>	0	. \$	2,500 \$	_	2,500
Utilization Review Reimbursement							
43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$	131,718	s	(131,718) \$		0
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	=	35,787	\$	122,517 \$	_	158,304
		_		•			
Net SD/MC Reimbursement - FFP							
45. Direct Services	(MH1979, Ln 16,16A)	\$	2,240,905	\$	(41,321) \$	i	2,199,584
46. Enhanced (Children)	(MH1979, Ln 17,17A)		4,468		(671)		3,797
47. Enhanced (Refugees)	(MH1979, Ln 18)		0		0		0
48 MAA	(MH 1979, Ln 11, 12 & 13	3)	0		0		0
49. Administrative Reimbursement	(MH1979, Ln 6)		57,583		(19,712)		37,872
50. U.R. Skilled Professional	(MH1979, Ln 14)		98,789		(98,789)		0
51. U.R. Other	(MH1979, Ln 15)		17,893		61,259		79,152
52. Negotiated Rate-Payback	(MH1979, Ln 20)	_	0		0		0
53. Subtotal- FFP		<i>s</i> =	2,419,638	. \$ _	(99,234) \$		2,320,404
54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$	0	\$	0 \$		0
55. Quality Assurance Review Results	(Adj #)	_	0		0	_	0
56. Total SD/MC Reimbursement - FFP		¢	2,419,638	\$	(99,234) \$		2.320.404
		J ==	2,419,038	·	(99,234)	_	2,320,404
Net Healthy Families Reimbursement - FFP	() (I 11070 I - 24244)		06.640		(1.033) f		04.526
57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$		\$	(1,023) \$		94,526
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)		0		0		1.625
59. Administrative Reimbursement	(MH1979, Ln 10)	_	05.540	· -	1,625	_	1,625
60. Total Healthy Families Reimbursement - FFP		\$ <u></u>	95,549	\$ =	602 \$		_96,151
61. Total - FFP (Ln 56 + Ln 60)		\$ _	2,515,187	\$_	(98,632) \$	_	2,416,555
		_		_			(To Sch. 1)

California Health and Human Services Agency

Department of Mental Health

Provider		CORDO	DATE		Provider Number		No. of Adj. 50		Fiscal F June	-	
<u></u>	KINGS VIEW		TRATES	BERVICES				┿-		: 30, .]	
Adj.	Report Refe Form/	rence		EXPLANATION OF AUDIT ADJUSTMENTS			As Reported		Increase (Decrease)		As Adjusted
No.	Sch.	Line	Col.			↓ _		-		<u> </u>	
				ADJUSTMENTS TO REPORTED COSTS							
1	MH 1960	1	С	MENTAL HEALTH EXPENDITURES		\$	5,982,108	\$	(79,878)	\$	5,902,230
				To adjust allocation of allowable corporate costs based on the cost of eac individual program per CMS requirements.	h						
			!	CMS SECTION 15-2150.3D-2b.							
2	MH 1960	4	С	OTHER ADJUSTMENTS FROM MH 1962		\$	784,699	\$	(5,684)	\$	779,015
			l	To adjust A-87 cost transferred from Kings County to Kings View.							
				OFFICE OF MANAGEMENT AND BUDGET (OMB) CIRCULAR A-87							
3 info	MH 1960 MH 1960	9	C	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION		\$ \$	115,166 0	\$ \$	(115,166) 0	\$	0
info info	MH 1960 MH 1960	11 12	C	NON-SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS		\$ \$	0 115,166	\$	0	\$ \$	0 115,166
Inio	MH 1960	12		To eliminate the reported allocation of administrative costs. Administrative costs will be redistributed after adjustment to administrative costs for proper cost findings.	e	3	115,100	3	Ū	3	175,100
4	MH 1960	12	С	TOTAL ADMINISTRATIVE COSTS	**	\$	115,166	\$	(5,684)	\$	109,482 *
				To adjust Total Administrative Costs in conjunction with adjustment #2.							
5 6 7	MH 1960 MH 1960 MH 1960 MH 1960	9 10 11 12	0000	SD/MC ADMINISTRATION HEALTHY FAMILIES ADMINISTRATION NON SD/MC ADMINISTRATION TOTAL ADMINISTRATIVE COSTS	••	\$ \$ \$	0 0 0 109,482	\$ \$ \$	75,743 2,500 31,239 0	\$ \$ \$	75,743 2,500 31,239 109,482
				To allocate Total Administrative Costs among SD/MC, Healthy Families, a Non-SD/MC Administration based on the gross cost method.					-		,
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.							

Provider					Provider Number	No. of Adj.	Fiscal P	Period Ended
	KINGS VIEW	CORPO	RATES	SERVICES ·	00233	50	June	30, 2005
[Report Refe	erence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED COSTS				
8 9 10 info	MH 1960 MH 1960 MH 1960	13 14 15 16	0000	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To reallocate Total Utilization Review Costs between SPMP, Other SD/MC Utilization Review, and Non-SD/MC Utilization Review based on the gross cost method.		\$ 131,718 35,787 36,642 \$ 204,147	\$ (7,243) (1,968) \$0	\$ 124.475 33,819 45,853 204,147
11 12 13 info	MH 1960 MH 1960 MH 1960	13 14 15 16	CCCC	SKILLED PROFESSIONAL MEDICAL PERSONNEL OTHER SD/MC UTILIZATION REVIEW NON-SD/MC UTILIZATION REVIEW TOTAL UTILIZATION REVIEW COSTS To reclassify Skilled Professional Medi-Cal Personnel as Other SD/MC Utilization Review based on the regulation.		\$ 124,475 33,819 45,853 \$ 204,147	\$ (124,475) 124,475 0 0	\$ 0 158.294 45.853 \$ 204,147
14	MH1960	18	С	Title 42 Code of Federal Regulations (CFR) Section 432.2 MODE COSTS (DIRECT SERVICES AND MAA) To adjust mode costs in conjunction with adjustment #1:		\$ 6,447,494	\$ (79,878)	\$ 6.367,616
				ADJUSTMENTS TO ALLOCATION OF COSTS TO MODES OF SERVICE				
15 16 17 info	MH 1964 MH 1964 MH 1964	5 6	A A	DAY SERVICES (MODE 10) OUTPATIENT SERVICES (MODE 15 PROGRAM 1 + PROGRAM 2) OUTREACH SERVICES (MODE 45) TOTAL To distribute revised mode costs to Outpatient Services Program I and II, Day Services, and Outreach Services based on RVS for outpatient and di cost method for others.	rect	\$ 271,135 5,677,304 499,055 \$ 6,447,494	\$ (29,332) (50.546) 	\$ 241,803 5,626,758 499,055 \$ 6,367,616
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	KINGS VIEW	CORPC	RATE S	SERVICES	Provider Number	No. of Adj. 50	Fiscal Per June 3	
	Report Refe				00200	As	Increase	As
Adj.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL UNITS/TIM CONTRACT PROVIDERS	<u>E</u>			
18 19 20 21 22 23 Info 24 25 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total Total	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 09/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the as settled (MH 1966A) SD/MC units of service/time for the provider operated facilities to agree with the State DMH Approved Claim dated December 10, 2008 (Excluding disallowed claims of 2,143 of UOS No QA/UR chart review findings performed by the State DMH Medi-Cal (branch. Above adjustments include Phase II. Copies of workpapers detadjustments by service functions have been provided to the County.	s report /UOT). Oversight	517,786 1,538,023 41,810 121,748 0 3,419 16,865 65,749 2,305,400	(1,160) (3,148) 790 1,570 1,258 (1,612) 0 230 (71) (2,143)	516,626 1,534,875 42,600 123,318 1,258 1,807 0 17,095 65,678 2,303,257
26 Info Info Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the State DMH Approved Claims Report dated July 24, 2008 to incorporate the results of the EPSDT chart review. This review was conducted by the State DMH Medi-Cal Oversight branch.		516,626 1,534,875 42,600 123,318 1,258 1,807 0 17,095 65,678 2,303,257	(377) 0 0 0 0 0 0 0 0 0 0 (377)	516,249 * 1,534,875 * 42,600 * 123,318 * 1,258 * 1,807 * 0 * 17,095 * 65,678 * 2,302,880
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	KINGS VIEW	CORPO	RATE S	SERVICES	Provider Number	No. of Adj. 50		iod Ended 0, 2005
	Report Refe						Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS	5	Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL UNITS/TIM	<u>1E</u>			
27 28 29 30 31 32 Info 33 34 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total Total Total	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust the SD/MC, Enhanced, Healthy Families units of service/time with County's records and supporting documents. Above adjustments in	nclude	516,249 1,534,875 42,600 123,318 1,258 1,807 0 17,095 65,678 2,302,880	1,656,453 (1,489,996) (42,600) (123,318) 1,807 (1,807) 0 67,659 (65,678) 2,520	2,172,702 * 44,879 * 0 * 0 * 3,065 * 0 * 0 * 84,754 * 0 * 2,305,400
35 Info Info Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total	Phase II. Copies of workpapers detailing adjustments by service function been provided to the County. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust County's record to account for the units of services/time that the County adjusted out when utilizing the disallowed claims system These units of services/time were excluded in the State DMH Summary Claims Report but remained in their records.	n (DCS).	2,172,702 44,879 0 0 3,065 0 84,754 0 2,305,400	(1,948) 0 0 0 0 0 0 (195) 0 (2,143)	2,170,754 * 44,879 * 0 * 0 * 3,065 * 0 * 84,559 * 0 * 2,303,257
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

Provider	KINGS VIEW	CORPO	RATE S	SERVICES	Provider Number	No. of Adj. 50		riod Ended 0, 2005
_	Report Refe	rence				As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
		<u> </u>		ADJUSTMENTS TO REPORTED MEDI-CAL UNITS/TIME CONTRACT PROVIDERS				
37 Info Info Info Info Info Info Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11	Total Total Total Total Total Total Total Total Total	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL		2,170,754 44,879 0 0 3,065 0 44,559 2,303,257	(377) 0 0 0 0 0 0 0 0 0 (377)	2.170,377 * 44,879 * 0 * 0 * 0 * 3,065 * 0 * 0 * 84,559 * 0 * 2,302,880
38 39 40 41 Info Info Info 42 43 Info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total Total Total	To adjust the County's records to incorporate the results of the EPSDT chart review. This review was conducted by the State DMH Medi-Cal Oversight branch. MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust SD/MC units to incorporate the controls of the lower of the Courecords or the State DMH Approved Claims Report by SFC. Above adjustinclude Phase II. Copies of workpapers detailing adjustments by service functions have been provided to the County.	stments	** 2,170,377 ** 44,879 ** 0 ** 3,065 ** 0 ** 84,559 ** 0 2,302,880	(746,181) 667,202 21,189 56,425 0 0 (66,904) 65,118 (3,151)	1,424,196 * 712,081 * 21,189 * 56,425 * 3,065 * 0 * 17,655 * 65,118 * 2,299,729
		<u></u> _	<u> </u>	** Balance brought forward from prior adjustment.				

Provider	KINGS VIEW	CORPO	RATES	BERVICES	Provider Number 00233	No. of Adj. 50		eriod Ended 30, 2005
	Report Refe	rence	_			As	Increase	As
Adj. No.	Form/ Sch.	Line	Col.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED MEDI-CAL UNITS/TIMI CONTRACT PROVIDERS	E			
44 info info info info info info info	MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A MH 1966A	8 8A 9 9A 10 10A 10B 11 11A	Total Total Total Total Total Total Total	MEDI-CAL UNITS 07/01/04 - 09/30/04 MEDI-CAL UNITS 10/01/04 - 06/30/05 MEDICARE/MEDI-CAL CROSSOVER UNITS 07/01/04 - 09/30/04 MEDICARE/MEDI-CAL CROSSOVER UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (CHILDREN) UNITS 07/01/04 - 09/30/04 ENHANCED SD/MC (CHILDREN) UNITS 10/01/04 - 06/30/05 ENHANCED SD/MC (REFUGEES) UNITS 07/01/04 - 06/30/05 HEALTHY FAMILIES (SED) UNITS 07/01/04 - 09/30/04 HEALTHY FAMILIES (SED) UNITS 10/01/04 - 06/30/05 TOTAL To adjust units of service/time to exclude units (SFC10-95 and 15-58) which are more than total units. ADJUSTMENTS TO REPORTED TOTAL UNITS		** 1,424,196 ** 712,081 ** 21,189 ** 56,425 ** 3,065 ** 0 ** 0 ** 17,655 ** 65,118	(6.903) 0 0 0 0 0 0 0 (6.903)	1,417,293 712,081 21,189 56,425 3,065 0 0 17,655 65,118 2,292,826
45 46 47 48	MH 1966A MH 1966A MH 1966A MH 1966A	2 2 2 2 2		TOTAL UNITS-MODE 10-95 TOTAL UNITS-MODE 15-10 (MHS) TOTAL UNITS-MODE 15-60 (MHS) TOTAL UNITS-MODE 15-60 (ASO) TOTAL UNITS-MODE 15-60 (ASO) TOTAL To adjust Total Units to agree with County's records.		550 46,122 4,773 1,620 53,065	(3) 1,200 632 135 1,964	547 47,322 5,405 1,755 55,029
				Balance carried forward to subsequent adjustment. Balance brought forward from prior adjustment.				

California Health and Human Services Agency

Department of Mental Health

Provider	KINGS VIEW	CORPO	RATE S	SERVICES	Provider Number	No. of Adj. 50		eriod Ended 30, 2005
	Report Refe					As	Increase	As
Adj. No.	Form/ Sch.	Line	Çol.	EXPLANATION OF AUDIT ADJUSTMENTS		Reported	(Decrease)	Adjusted
				ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT				
49 50	MH 1979 MH 1979	21 27	J	TOTAL SD/MC REIMBURSEMENT (INCLUDES ENHANCED SD/MC) TOTAL HEALTHY FAMILIES REIMBURSEMENT		\$ 2,419,638 95,549 \$ 2,515,187	\$ (99,234) 602 \$ (98,632)	\$ 2.320,404 96,151 \$ 2,416,555
				To adjust the SD/MC (FFP), Enhanced (FFP) and Healthy Families (FFP) to adjustments to costs, revenues, units of service/time and the results of the Medi-Cal Oversight chart review.				
	1							
			<u> </u>	* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.				

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05) FISCAL YEAR 2004 - 2005

County: KINGS COUNTY County Code: 16

	Legal Entity: KINGS VIEW - KINGS COUNTY	Α	В	С
Leg	gal Entity Number: 00233	Salaries		Total
	- -	and Benefits	Other	Costs
1	Mental Health Expenditures	3,729,793	2,172,437	5,902,230
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)			
4	Other Adjustments from MH 1962		779,015	779,015
5	Total Costs Before Medi-Cal Adjustments	3,729,793	2,951,452	6,681,245
6	Medi-Cal Adjustments from MH 1961			
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			6,681,245
	Administrative Costs (County Only)			
9	SD/MC Administration			75,743
10	Healthy Families Administration			2,500
11	Non-SD/MC Administration			31,239
12	Total Administrative Costs			109,482
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			0
14	Other SD/MC Utilization Review			158,304
15	Non-SD/MC Utilization Review			45,843
16	Total Utilization Review Costs			204,147
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			6,367,616
19	Total Costs - Lines 9 through 18	Secretary of the second		6,681,245

OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: KINGS COUNTY County Code: 16

Legal Entity: KINGS VIEW - KINGS COUNTY	Α	В	С
Legal Entity Number: 00233	Salaries		Total
	and Benefits	Other	Adjustments
1 Prior year accrl reversal			1,376
2 Calworks			326,299
3 Stop			22,170
4 KV mco adj	:		2,092
5 Transfer mco to county			(61,238)
6 ASO & MHS cost (transferred from Co.)		_	378,835
7 County Admin			109,482
8			
9			
10			
[11]			
12			
13			
14			
15			
16			
17			
18			
19			
20 Total Adjustments			779,015

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: KINGS COUNTY
County Code: 16

	Legal Entity: KINGS VIEW - KINGS COUNTY	A
Le	gal Entity Number: 00233	Total
		Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	6,367,616
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	241,803
5	Outpatient Services (Mode 15 Program 1 + Program 2)	5,626,758
6	Outreach Services (Mode 45)	499,055
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	
9	Total - Lines 2 through 8	6,367,616

ALLOCATION OF COSTS TO SERVICE. **FUNCTIONS - MODE TOTAL**

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

County KINGS COUNTY
County Code: 16

	County Code: 16			CR	CR				
	Legal Entity: KINGS VIEW - KINGS COUNTY	A	В	С	D	E	F	G	
Leg	Legal Entity Number: 00233			Service	Service	Service	Service	Service	Service
	Mode: 10 - Day Services		Mode Total	Function	Function	Function	Function	Function	Function
				85	95				
1	Allocation Percentage	100 00%	78 02%	21 98%			<u> </u>		
2	Total Units Gross Cost	244 802	1,259	547					
3	[] [] [] [] [] [] [] [] [] []	241,803	188,660	53,143			,		
4	Cost per Unit			149.85	97.15				
5	SMA per Unit			189.33	122 75				
<u>6</u>	Published Charge per Unit								
· · · ·	Negotiated Rate / Cost per Unit	<u>, 15, 1 - 1, 1 - 1 - 1, 1, 1, 1 - 1, 2</u>		, e.e e.e.		<u> </u>	<u> </u>		<u> </u>
8	Medi-Cal Units	07/01/04 - 09/30/04		70	302				
8A		10/01/04 - 06/30/05	piping paragraph	793	245				
9	Medicare/Medi-Cat Crossover Units	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05							
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04							
10A	Enhanced SD/MC (Petugees) Units	10/01/04 - 06/30/05							
10B		hhanced SD/MC (Refugees) Units 07/01/04 - 06/30/05				-	 _	 	
11A	lealthy Families (SED) Units 07/01/04 - 09/30/04 10/01/04 - 06/30/05							 	
12	Non-Medi-Cal Units			396			 	 	
1				tytik die trans					<u> </u>
13	Medi-Cal Costs 07/01/04 - 09/30/0		39,830	10,489	29,340			<u> </u>	
13A		10/01/04 - 06/30/05	142,633	118,830	23,803		 	ļ	
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	50,324	13,253	37,071		ļ		
14A	 	10/01/04 - 06/30/05	180,212	150,139	30,074		 		
15 15A	Medi-Cal Published Charges	07/01/04 - 09/30/04 10/01/04 - 06/30/05						 	
16		07/01/04 - 09/30/04						 	
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05	 						

17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04						 _	
17A		10/01/04 - 06/30/05						<u> </u>	
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04						 	
18A	 	10/01/04 - 06/30/05							
19 19A	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04 10/01/04 - 06/30/05	 						ļ ———
20		07/01/04 - 09/30/04					 	 	
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05	 				 	 	
	<u> </u>								
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04						!	<u> </u>
21A	 	10/01/04 - 06/30/05							<u> </u>
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04					 	 	
22A 23		10/01/04 - 06/30/05 07/01/04 - 09/30/04					 	 	
23A	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05			 -	 	 	 	
24		07/01/04 - 09/30/04	 					 -	 -
24A	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05	 			 	 	 	
=		<u> </u>	 					<u> </u>	<u> </u>
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05			ļ		ļ	 	
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	 	<u> </u>			ļ	<u> </u>	
27	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates					 	 	 	-
28	Cimanicad Solmic (Relugees) Negotiated Rates	07/01/04 - 06/30/05	 					1	
29	Healthy Families Costs	07/01/04 - 09/30/04							1
29A	Tiodally I brillion Cools	10/01/04 - 06/30/05							
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
30A	Trought annies one Opper Clinics	10/01/04 - 06/30/05							
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
314		10/01/04 - 06/30/05			ļ				
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04	 		 	ļ	<u> </u>	<u> </u>	
32/		10/01/04 - 06/30/05	1	J				ļ	
33	Non-Medi-Cal Costs		59,340	59,340	0	<u> </u>	1	T	1
									

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

	County KINGS COUNTY County Code 16			CR	CR	CR	CR	CR	
	<u> </u>			В		D		F	
100	Legal Entity KINGS VIEW - KINGS COUNTY all Entity Number 00233		A	Service	C Service	Service	E Service	Service	G_ Service
Leg	Mode 15 - Outpatient Services (Progra	m 1\	Mode Total	Function	Function	Function	Function	Function	Function
\vdash	Wode 15 - Outpatient Services (1 rogin		14,000 10121	01	10	60	70	58	Tancton
1	Allocation Percentage	100 00%	21 93%	42.56%	30 08%	5 27%	0 17%		
2	Total Units		892,290	1,341,424	512,920	111,651	5,430		
3	Gross Cost	5,489,727	1,203,699	2,336,179	1,651,111	289,281	9,457		
4	Cost per Unit			1 35	1 74	3 22	2 59	1 74	
5	SMA per Unit			1,89	2 44	4 51	3 63	2 44	
6	Published Charge per Unit			2 17	2 81	5 19	4 17	2 81	
	Negotiated Rate / Cost per Unit								
-		07/04/04 00/00/04		742.520	242.045	400,700	66,274	5,430	
8	Medi-Cai Units	07/01/04 - 09/30/04	 	713,538	213,845	400,700	56,274	5,430	
8A 9		10/01/04 - 06/30/05 07/01/04 - 09/30/04			667,202 21,189				
9A	Medicare/Medi-Cal Crossover Units	10/01/04 - 06/30/05			56,425				
10	· -	07/01/04 - 09/30/04		510	2,079	476			
10A	Enhanced SD/MC (Children) Units	10/01/04 - 09/30/04	 	310	2,079	4/0	-	_	
	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05					-		
11		07/01/04 - 09/30/04	laine an eigh	4.069	11,824	1,202	560		
11A	Healthy Families (SED) Units	10/01/04 - 06/30/05		15,712	44,815	4,591	550		
12	Non-Medi-Cal Units			158.461	324,045	105,951	44,817		
1		07/04/04 00:00:0							
13	Medi-Cal Costs	07/01/04 - 09/30/04	2.806,027	962,563	372,425	1,289,870	171,712	9,457	
13A		10/01/04 - 06/30/05	1,161,977	4 240 507	1,161,977	1.007.157	240.575	12.240	
14 14A	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04 10/01/04 - 06/30/05	3,931,349 1,627,973	1,348,587	521,782 1,627,973	1,807,157	240,575	13,249	
15	_	07/01/04 - 09/30/04	4,520,536	1,548,377	600 904	2,079,633	276,363	15,258	
15A	Medi-Cal Published Charges	10/01/04 - 06/30/05	1,874,838	1,346,317	1.874.838	2,075,033	270,303	13,230	_
16	ledi-Cal Negotiated Rates	07/01/04 - 09/30/04	1,074,036		1,074,030				
16A	Medi-Cal Negotiated Rates	10/01/04 - 06/30/05						_	
100			111111111111111111111111111111111111111	-1.1-1.2.1.2.1.1.1.1.1.1.1.1.1.1.1.1.1.1					
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04	36,902		36,902				
17A		10/01/04 - 06/30/05	98,268 51,701		98,268 51,701				
18 18A	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04 10/01/04 - 06/30/05	137,677		137,677				-
19		07/01/04 - 09/30/04	59.541		59,541				
19A	Medicare/Medi-Cal Crossover Published Charges	10/01/04 - 06/30/05	158,554	_	158,554				
20		07/01/04 - 09/30/04	100,00,		130,554				
20A	Medicare/Medi-Cal Crossover Negotiated Rates	10/01/04 - 06/30/05							
	ta ta tatat a tatat a tatat	·	5.04	500	2.524	4.522			
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04	5,841	688	3,621	1,532			
21A		10/01/04 - 06/30/05 07/01/04 - 09/30/04	8,183	964	5.073	2.147			
22 22A	Enhanced SD/MC SMA Upper Limits	10/01/04 - 09/30/04	0,103	304	+5,0/3	2,147			_
23		07/01/04 - 09/30/04	9,419	1,107	5,842	2,470			
23A	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05	3,719	1,101	3,042	2,470			_
24	1	07/01/04 - 09/30/04			 				
244	Enhanced SD/MC Negotiated Rates	10/01/04 - 06/30/05	1						
		· · · · · · · · · · · · · · · · · · ·	+						
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	1	-	 				
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05	1		-				_
27	Enhanced SD/MC (Refugees) Published Charges Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05			1	 			
	Cimanos Obinio (rielagasa) riegolialea Rales								
29	Healthy Families Costs	07/01/04 - 09/30/04	31,402	5,489	20,592	3,869	1,451		
29A	, , , , , , , , , , , , , , , , , , , ,	10/01/04 - 06/30/05	114,022	21,195	78,048	14,779			
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	43,99\$	7,690	28,851	5,421	2,033		
304	,	10/01/04 - 06/30/05	159,750	29.696	109,349	20,705			
31	Healthy Families Published Charges	07/01/04 - 09/30/04	50,629	8,830	33,225	6,238	2,335		
31/		10/01/04 - 06/30/05	183,852	34,095	125,930	23,827			
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04	-	-					
324	<u> </u>	10/01/04 - 06/30/05							
33	Non-Medi-Cal Costs		1,235,289	213,764	564,346	341,061	116,118		

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1 FISCAL YEAR 2004 - 2005

	County. KINGS COUNTY								
	County Code: 16			ASO	ASO	MHS	MHS		
L.	Legal Entity. KINGS VIEW - KINGS COUNTY Legal Entity Number: 00233			B	<u>c</u>	D	E	F	_G
Le	Mode 15 - Outpatient Services (Program 2)			Service	Service	Service	Service	Service	Service
<u> </u>				Function	Function	Function	Function	Function	Function
				11	61	49	60		
1_	Allocation Percentage	100 00%	16 29%	2.94%	66 69%	14 08%			
2_	Total Units		17,955	1,755	47,322	5,405			
3	Gross Cost	137,031	22,318	4,032	91,388	19,293			
4	t per Unit			1 24	2 30	1 93	3 57		
5	SMA per Unit		1 1 1 1 1	2 44	4 51	2 44	4 51		
6	Published Charge per Unit		1000						
7	Negotiated Rate / Cost per Unit								
		07/04/04 00/00/04		5 0 7 0	070	10.500	904		
8	Medi-Cal Units	07/01/04 - 09/30/04	1 1 1 1 1 1 1 1	5,370	270	10,590		 	
A8		10/01/04 - 06/30/05		12,585	585	26,802	3,869		
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05							
10	Enhanced SD/MC Units	07/01/04 - 09/30/04							
104	Cirilation 2014/C Othics	10/01/04 - 06/30/05	Property (All II)						
10E	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Manthy Camillan (CED) Harts	07/01/04 - 09/30/04	1997						
11/	Healthy Families (SED) Units	10/01/04 - 06/30/05	100						
12	Non-Medi-Cal Units				900	9,930	632		
		07/04/04	1 1				7 77 7		
13	Medi-Cal Costs	07/01/04 - 09/30/04	30,973	6,675	620	20,451	3,227		
13/		10/01/04 - 06/30/05	82,558	15,643	1,344	51,760	13,811		
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	44,237	13,103	1,218	25,840	4,077		
14/	Wedi dai diii i oppor Liiiko	10/01/04 - 06/30/05	116,192	30,707	2,638	<u>65</u> ,397	17,449		<u> </u>
15	Medi-Cal Published Charges	07/01/0 <u>4</u> - 09/30/04							
15/	\	10/01/04 - 06/30/05							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16/	IMedi-Cai Negolialed Nales	10/01/04 - 06/30/05							
17		07/01/04 - 09/30/04							
	Medicare/Medi-Cal Crossover Costs								
17/		10/01/04 - 06/30/05	 						
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18/		10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19/	<u> </u>	10/01/04 - 06/30/05							<u> </u>
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04						_	
20/		10/01/04 - 06/30/05	L						
21		07/01/04 - 09/30/04	4						
21	Enhanced SD/MC Costs	10/01/04 - 06/30/05	 						
22	 	07/01/04 - 09/30/04	 						
22	Enhanced SD/MC SMA Upper Limits	10/01/04 - 06/30/05	 			-			 - -
	\	07/01/04 - 09/30/04	1						
23	Enhanced SD/MC Published Charges	10/01/04 - 06/30/05	 - 						
23	\								
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04	-						
24	\ <u> </u>	10/01/04 - 06/30/05	 						
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05	1						
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27	Enhanced SD/MC (Refugees) Published Charges		 						
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05	 						
	The second secon					·		<u> </u>	
29	Healthy Families Costs	07/01/04 - 09/30/04	ļ						
29	A	10/01/04 - 06/30/05							
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
30	A	10/01/04 - 06/30/05							
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
31	A reality ramilles rubished Charges	10/01/04 - 06/30/05							
32	1	07/01/04 - 09/30/04							
32	Healthy Families Negotiated Rates	10/01/04 - 06/30/05							1
				-		-,			
33	Non-Medi-Cal Costs		23,500	<u> </u>	2,068	19,177	2,256	L	<u> </u>

State of California Health and Human Services Agency

Department of Mental Health

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

PAGE 1 OF 1

County: KINGS COUNTY
County Code: 16 CR CAW CR

	Legal Entity: KINGS VIEW - KINGS COUNTY	A	В	C	D	E	F	G
Le	Legal Entity Number: 00233		Service	Service	Service	Service	Service	Service
	Mode: 45 - Outreach Services		Function	Function	Function	Function	Function	Function
] {	20	21	22			
1	Allocation Percentage	100.00%	30.17%	65.38%	4.44%			
2	Total Units		2,735	6,068	239			
3	Gross Cost	499,055	150,586	326,299	22,170			
4	Cost per Unit		55.06	53.77	92.76	<u> </u>		
5	Non-Medi-Cal Units		2,735	6,068	239			
6	Non-Medi-Cal Costs	499,055	150,586	326,299	22,170			

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

	County: KINGS COUNTY												
	County Code 16 Legal Entity KINGS VIEW - KINGS COUN	TV	Α	В	REIMBURS	EMENT TYPE	PC	F	Costs	н	,	Costs	К
Lega	Legal Entity Number 00233	1	^	Mode 55		Total MAA	Total Inpatient Mode 05	<u>, F</u>	G !	Mode 15	Total Outpatient Exclude	Mode 15	Total Outpatient (Col 1 - Col J)
ļ, —		07/01/04 - 09/30/04	S F s 01-09	S F 's 11-19. 31-39	S F s 21-29	<u> </u>	Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services 39.830	Outpatient Services Program (1) 2,806,027	Program (2) 2.845.857	Outpatient Services Program (2) 30,973	2.876 830
1A	Medi-Cal Costs	10/01/04 - 06/30/05	111 (01)		11 11 11				142,633	1,161,977	1,304,609	82,558	1,387,167
2	Medi-Cal SMA	07/01/04 - 09/30/04	1,44,4,15						50.324	3,931,349	3,981,673	44,237	4.025.910
2A 3	11.00	10/01/04 - 06/30/05 07/01/04 - 09/30/04							180,212	1,627,973 4,520,536	1,808,185 4,520,536	116.192	1,924,377 4,520,536
3 3A	Medi-Cal P. C	10/01/04 - 06/30/05	hi saint			1 144				1.874.838	1.874,838		1,874,838
4 4A	Medi-Cal N. R.	07/01/04 - 09/30/04 10/01/04 - 06/30/05		antic to the									
	an ar rainar <u>. Ba</u> rahan merakan kerahan	titute eteroriste orationerist total								2 200 407	2 2 4 5 2 5 7	20.073	2 420 420
5 5A	Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04 10/01/04 - 06/30/05							39.830 142.633	2,806.027 1,161,977	2,845,857 1,304,609	30,973 82,558	2,876,830 1,387,167
6 6A	Medicare/Medi-Cal Crossover Cost	07/01/04 - 09/30/04 10/01/04 - 06/30/05	liiliini.							36,902 98,268	36,902 98,268		36,902 98,268
7	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04		1 1 1 1 1 1		debili de la				51,701	51,701		51,701
7A	, <u> </u>	10/01/04 - 06/30/05 07/01/04 - 09/30/04	11.	111111111111111111					_	137,577 59,541	137,677 59,541	1270 1270 1 1	137.677 59.541
8 8A	Medicare/Medi-Cal Crossover P. C	10/01/04 - 06/30/05	1	1.11.						158,554	158,554		158,554
9	Medicare/Medi-Cal Crossover N. R.	07/01/04 - 09/30/04				11, 11, 11, 11, 11							
9A		10/01/04 - 06/30/05											
10 10A	Medicare/Medi-Cal Crossover Gross Reim	07/01/04 - 09/30/04 10/01/04 - 06/30/05								36,902 98,268	36,902 98,268		36,902 98,268
11	Total SD/MC + Crossover Gross Reim	07/01/04 - 09/30/04							39.830	2.842,929	2,882,759	30.973	2.913.732
11A		10/01/04 - 06/30/05			111111		*		142,633	1,260,244	1 402 877	82.558	1,485,435
12 12A	Enhanced SDMC (Children) Cost	07/01/04 - 09/30/04 10/01/04 - 06/30/05	111111111111111							5,841	5.841		5,841
12A 13 13A	Enhanced SDMC (Children) SMA	07/01/04 - 09/30/04 10/01/04 - 06/30/05								8,183	8,183		8,183
14	Enhanced SDMC (Children) P. C	07/01/04 - 09/30/04								9,419	9,419		9,419
14A 15		10/01/04 - 06/30/05 07/01/04 - 09/30/04						.					
15A	Enhanced SD/MC (Children) N. R.	10/01/04 - 06/30/05			31 15 77								
16 16A	Enhanced SDMC (Children) Gross Reim.	07/01/04 - 09/30/04 10/01/04 - 06/30/05								5,841	5,841		5,841
17	Enhanced SDMC (Refugees) Cost	107/01/04 - 06/30/05	1111		4000	40.00							
18	Enhanced SD/MC (Refugees) SMA Enhanced SD/MC (Refugees) P. C	07/01/04 - 06/30/05 07/01/04 - 06/30/05			[]								
19 20	Enhanced SD/MC (Refugees) N. R.	07/01/04 - 06/30/05	Hadist t	History	 								
21	Total Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04				Line II			39,830	2,848,770	2,888,600	30,973	2,919 573
21A	(Excludes Refugees)	10/01/04 - 06/30/05		1.11.	1.32.13.1				142,633	1,260,244		82,558	1,485,435
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/04 - 06/30/05		18.4.									
23 23A 24	Healthy Families Cost	07/01/04 - 09/30/04	Line Carriery			1111 1111				31,402	31,402		_ 31,402
23A		10/01/04 - 06/30/05 07/01/04 - 09/30/04	Harrier Control							114,022 43,995	114,022 43,995		114,022
24A	Healthy Families SMA	10/01/04 - 06/30/05							†	159,750	159,750		159.750
24A 25 25A	Healthy Families P. C	07/01/04 - 09/30/04 10/01/04 - 06/30/05								50,629	50,629		50.629
25A	Healthy Families N. R.	07/01/04 - 09/30/04						 	 	183.852	183.852		183,852
26 26A	nearthy Families 14, R.	10/01/04 - 06/30/05										pining main and	
27 27A	Healthy Families Gross Reim.	07/01/04 - 09/30/04	la ministra							31,402	31,402		31,402
27A	Less. Patient and Other Payor Revenue	10/01/04 - 06/30/05					1 12 1 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13			114,022	114,022	2131 1 1 1 1 1 1 1 1 1	114.022
28	· · · · · · · · · · · · · · · · · · ·	07/01/04 - 09/30/04	1.4114.41.41		Table 1		124211111 212121		has see titele	Hariana Janta	plante profession	April Tables 1 (A)	<u>, 1 1 1, 11 </u>
28A	SD/MC + Crossover Revenue	10/01/04 - 06/30/05	14 18 18		Barrie de la companya della companya de la companya de la companya della companya								
30	Enhanced SD/MC (Children) Revenue Enhanced SD/MC (Refugees) Revenue		Trans		14 1 14 1				-				*
31	Healthy Families Revenue												
32	Total Expenditures from MAA (Mode 55)		1		1	1						Berger de se	
33	Medi-Cal Eligibility Factor (Average) Revenue - MAA				•							Berger Berger	
-	Revenue - MAA		<u> 1 - 11 - 11 - 11 - 11 - 11 - 11 - 11 </u>	1:::::	1	1.1111.1111.	parting (ii)	peters (1936)					
35 35A	Net Due - SDMC for Direct Services	07/01/04 - 09/30/04 10/01/04 - 06/30/05	0.1,1000		1 1	1000			39,830	2,848,770		30,973 82,558	2,919 573
36	Net Due - Enhanced SD/MC (Refugees)		1940		la litera d	1			142.633	1,260,244	1,402,877	82.558	1,485,435
37	Net Due - Healthy Families	07/01/04 - 09/30/04	1300		11 11 11					31,402	31,402		31,402
37A		10/01/04 - 06/30/05	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	 	1 1 1 1 1 1 1 1 1	1	1000000			114,022	114,022		114,022
38	Amount Negotiated Rates Exceed Costs	07/01/04 - 09/30/04	1000	 	ļ		<u> 1. 3</u>	<u>Principoli</u>	<u> </u>	<u> </u>	(. i . dei . dei		· · · · · · · · · · · · · · · · · · ·
38A	SDMC (Includes Children)	10/01/04 - 06/30/05											
39	Enhanced SD/MC (Refugees)		111111111111111111111111111111111111111	derive in	10.111.6								
40 40A	Healthy Families	07/01/04 - 09/30/04 10/01/04 - 06/30/05		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	+	 	1	 	 	 		14, 411, 1, 1, 1, 1, 1, 1	
-07	·			* * *** · · · · · · · · · · · · · · · ·		 							

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: KINGS COUNTY County Code: 16

Legal Entity, KINGS VIEW - KINGS COUNT	Υ	Α	В	0	D	E	F	G	н	1	J
Legal Entity Number: 00233		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable %	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County	Only)			1. 1. 1.		41. E. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		artijes j	10 Table 1 1 1		
1 County SD/MC Direct Service Gross Reimburse	ment			4,405,008	4,405,008	1 1914 1 1/1/1911		1444 144			
2 Contract Providers Medi-Cal Direct Service Gro	ss Reimbursement								al deditions		
3 Total Medi-Cal Direct Service Gross Reimburse					4,405,008						
4 Medi-Cal Administrative Reimbursement Limit					660,751			11, 10, 15			
5 Medi-Cal Administration				in the late	75,743			substitution for			F (F)
6 Medi-Cal Administrative Reimbursement			Lating to the A		75,743	37,872					37,87
Healthy Families Administrative Reimbursemen	t (County Only)										
7 County Healthy Families Direct Service Gross R				145,424	145,424	114, THE HEAT	A. cell i eld i	1			
7A Contract Providers Healthy Families Direct Serv	ice Gross Reim.	Mei den ar i				to a final a figure	di dina dina 1			ere, in let jall 1995.	
7B Total Healthy Families Direct Service Gross Rei	mbursement	Hill Holphor	i Paler -	1 - 1 - 1 -	145,424		Fred Line	elani in nebili ili ia			
8 Healthy Families Administrative Reimbursemen	t Limit			1, 10	14,542	建工的 建工工工工额	d in History				
9 Healthy Families Administration			Hi Triplania		2,500		A distance of	A tiji Malidiaa		J 10 1	
10 Healthy Families Administrative Reimbursemen	t				2,500		Pr. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1,625		1.62
SD/MC Net Reimbursement for MAA											
11 Medi-Cal Admin. Activities Svc Functions 01 - 0	9										
12 Medi-Cal Admin. Activities Svc Functions 11 - 1	9, 31 - 39		110 110 110 110 110				g (haji ingala ji				
13 Medi-Cal Admin. Activities Svc Functions 21 - 2	9 (County Only)		ilideleja (description the feet to					
14 Utilization Review-Skilled Prof. Med. Personnel	(County Only)				<u> </u>						
15 Other SD/MC Utilization Review (County Only)					158,304	79,152					79,15
16 SD/MC Net Reimbursement for Direct Services	07/01/04 - 09/30/04			2,913,732	2,913,732		1,456,866				1,456.86
16A	10/01/04 - 06/30/05	elderen in i pi		1,485,435	1,485,435			742,717	Tallia Hazarda		742,71
Enhanced SD/MC Net Reimb. (Children)	07/01/04 - 09/30/04			5,841	5,841		Hillin Maliston		3,797		3.79
1/ <u>A</u> '	10/01/04 - 06/30/05	Addition of the				<u> Les divinishings</u>	<u> Leviller (Leve (E.</u>			property of the state	
18 Enhanced SD/MC Net Reimb. (Refugees)		Par Deli Car. Hi									
19 Total SD/MC Reimbursement Before Excess FF	P				The transfer of	oriver de Liado i	Participation :				2,320,40
20 Amount Negotiated Rates Exceed Costs - SD/N	IC & Enh. SD/MC	Carrain in the La				1 1 1 1 1 1 1 1 1 1 1 1					
21 Total SD/MC Reimbursement (FFP)				1 1 1 1 1 1 1 1		ju 1,4 4 1,4 44 1			Fabruary 18.	fat dat e	2,320,40
22 Contract Limitation Adjustment		e stalling i III	High County In	a suitur daga			Little and the first	[[1]] · · · · · · · · · · · · · · · · · ·			
23 Adjusted Total SD/MC Reimbursement (FFP)						dati daya algan t				Transfer	2,320,40
24 Haalibu Familiaa Nat Bailabu aanaat	07/01/04 - 09/30/04	Michigan ir	1	31,402	31,402				20,411	10 1 11 11	20.41
Healthy Families Net Reimbursement	10/01/04 - 06/30/05			114,022	114,022	PROFESSION SERVICE		lid desir di	74.115		74,11
25 Total Healthy Families Reimbursement Before 8		ARTE L	Principal Control	1 1 1 1 1 1		Fur is not supplied.	l distribution		Last and Table	4 :	96,15
26 Amount Negotiated Rates Exceed Costs - Healt				1							
27 Total Healthy Families Reimbursement		+	100 - 100 - 1	11 1 1 1 1 1 1		 	****	1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	 	1	96,15